

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597226

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	1		1			
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1		1	
52	1		1		1	
53	1		1		1	
54	1		1		1	
55	1		1		1	
56	1		1		1	
57	1		1		1	
58	1		1		1	
59	1		1		1	
60	1		1		1	
61	1		1		1	
62	1		1		1	
63	1		1		1	
64	1		1		1	
65	1		1		1	
66	1		1		1	
67	1		1		1	
68	1		1		1	
69	1		1		1	
70	1		1		1	
71	1		1		1	
72	1		1		1	
73	1		1		1	
74	1		1		1	
75	1		1		1	
76	3		1		1	
77	1		1		1	
78	1		1		1	
79	1		1		1	
80	1		1		1	
81	1		1		1	
82	1		1		1	
83	2		1		1	
84	2		1		1	
85	1		1		1	
86	1		1		1	
87	1		1		1	
88	1		1		1	
89	1		1		1	
90	4		1		1	
91	1		1		1	
92	1		1		1	
93	1		1		1	
94	1		1		1	
95					1	
96						
97						
98						
99						
100						
TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	95	←	87	←		←
TOTAL CLAIMS	103		95			